

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/914088** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	0					
10						
11						
12						
13						
14						
15						
16						
17	0					
18	0					
19	0					
20	0					
21	1					
22	1					
23	1					
24	1					
25						
26						
27	0					
28	0					
29	0					
30	0					
31	1					
32	1					
33	2					
34	1					
35	1					
36	1					
37						
38						
39						
40						
41						
42	0					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						